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One pill makes you better

American drug and alcohol addicts are going abroad in search of ibogaine, a purported miracle treatment that is banned in the United States. Will the drug industry ever embrace a substance that causes a hallucinatory high?

By Vince Beiser

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The first thing was a loud buzzing in his ears, as though a swarm of bees was swirling around his head. Then the hallucinations kicked in. The patterns in the blanket tacked to the ceiling above him glowed vibrantly and then began transforming into the faces of members of his family, faces that turned themselves inside-out and back again. He saw his father finding him dead with a needle in his arm. He saw himself in a beautiful field of flowers. He saw Jesus standing outside the Earth, creating different races of men and placing them on different continents. While Shawn's mind reeled through this visual cacophony, his body lay quietly in a darkened room in a house near Tijuana, Mexico, deep in the grip of a powerful psychedelic drug. The South Sacramento house where he lived with his father was far, far away. Shawn (who asked that his real name not be printed) was in Tijuana because he was desperate. He was addicted to heroin and cocaine, a suffocating habit that had landed him in jail several times and had left him so wretched—even when he was out from behind bars—that he wanted to die.

At 22 years old, he was going through three grams each of heroin and coke every few days. "I had a needle in my arm every 20 minutes," he said. "I was desperate, completely miserable." He supported himself by selling, out of his car, what he told customers were stolen laptop computers; after he pocketed their money and drove off, his victims would learn that they had just paid hundreds of dollars for a counterfeit computer box filled with junk.

Shawn had tried to quit drugs more than a dozen times, with the help of everything from Narcotics Anonymous to detox programs. Nothing worked. At the end of his rope, he found himself following a tip from a junkie friend, slipping over the border to try a treatment that is as much an urban myth as a scientifically proven medication—and is as illegal as crack in the United States.

The treatment is a dose of a powerful hallucinogen called ibogaine. It is derived from the roots of a shrub called *Tabernaemontana iboga*, which grows in western Africa. Local tribespeople have used it as a peyote-like sacrament for generations. Since the 1960s, it has circulated on the margins of Western drug culture, sustained by its reputation as a potent healer. A single daylong trip on ibogaine, lore has it, can help break an addiction to heroin, cocaine, alcohol or cigarettes.

Now, interest in ibogaine seems to be approaching a kind of critical mass. The increasing number of anecdotal success stories has attracted the attention of serious researchers. Although there is no rock-solid proof, scientific consensus that this strange drug indeed may possess potent addiction-thwarting properties is increasing.

Meanwhile, regardless of what science says, faith is flourishing. A devoted community has grown up around ibogaine—a motley congregation of former junkies, envelope-pushing academics and drug-reform zealots helping to spread awareness and use of the drug. There reportedly are at least two underground activists in the United States who will provide it to seekers illegally. But taking ibogaine doesn't have to involve breaking laws—it's legal in many countries. As a result, clinics are popping up from the Caribbean to Pakistan, offering ibogaine treatment for anywhere from a few thousand dollars to well more than \$10,000.

The clinic near Tijuana is, relatively speaking, among the most reputable. It was opened in 2001 by Martin Polanco, a Mexican doctor who was impressed with how ibogaine—obtained at an underground U.S. clinic—had helped one of his relatives beat a cocaine addiction. Polanco's facility, known as the Ibogaine Association, has administered more than 350 treatments and currently has 10 to 15 new patients a month, says program director Randy Hencken.

Hencken, a tall, thin 28-year-old with curly hair and little studs in each ear, was one of Polanco's first patients. He had dropped out of college at 21 to devote himself to cocaine and, eventually, heroin. Throughout the years, he tried everything from 12-step programs to methadone to get clean, but nothing worked. He discovered ibogaine on the Internet, made his way to Polanco's facility and returned with his addiction broken. He since has embraced the cause with a convert's zeal, taking a job as the association's main organizer.

Last summer, Hencken invited me to follow one of the association's patients through a full ibogaine treatment. I met Hencken shortly thereafter in a San Diego apartment that doubles as the association's U.S. office. The place fits naturally in the beachside slacker-student-surfer neighborhood. The front room is furnished with worn couches and a computer emblazoned with a Jane's Addiction sticker. A bike and surfboards hang on hooks in the kitchen.

Hencken, dressed in a black T-shirt and pants, with a thick wallet chain, hopped into an unmarked van and drove to a dingy airport motel. Waiting in the parking lot was Craig, a trim, compact man wearing loafers, khakis and a Nike T-shirt.

"I've got to admit this is a little weird," said Craig, a 50-year-old restaurant owner from Salt Lake City who flew in the night before. "I feel like we're doing a drug deal." And, in a sense, they were. Craig got into the van, and they rolled south.

Craig was highly motivated to undertake this bizarre journey. He was an alcoholic for years, with the smashed cars and nights in jail to show for it. He quit drinking 16 years ago and has stayed sober. But a few years ago, he was prescribed painkillers for a knee injury and discovered that he liked them. He began downing fistfuls of pills daily, scoring them from one of his employees. "At first it was recreational," he recalled. "But then you find yourself doing them just to get from point A to B, and you know it's a problem."

Last year, he checked himself into a rehab center and went cold turkey. "It was horrible," he said. "You hurt from your bones in, I couldn't sleep. I cried like a baby. I'd take hot baths all day and eat ibuprofen like candy." He stayed clean for six weeks and then fell off the wagon. "I can't stop myself. But I know I can't go down that road again like I did with alcohol," he said. "But when you're on opiates, it really hurts to stop." So, when his dealer, who had been scouring the Internet for unconventional ways to kick drugs, told Craig about the Ibogaine Association, he decided he had little to lose.

"I just need to get this stuff out of my system," he told me as we drove through Tijuana, "and I'm looking for an easier, softer way."

Ibogaine, as even its most ardent supporters say, is not a cure for drug dependence; however, it apparently can play a potent role as an addiction interrupter. The drug has two powerful addiction-fighting effects. The first is biochemical: It seems to act on serotonin and opiate systems in the brain, physically nullifying a person's craving for drugs and smoothing his or her withdrawal symptoms. That's a huge boon for those addicted to heroin and other opiates, many of whom shrink from the physical pain of detox.

"It has been proved to alleviate the pain and physical discomfort of drug withdrawal with animals," said Dr. Stanley Glick, a neuropharmacologist at Albany Medical Center in New York who has researched the drug for years. "And there are lots of reports of it doing the same with humans. You hear the same story a few thousand times, you've got to believe there's something there."

After a few weeks, this craving-blocking effect generally fades. But by then, users have been able to detox relatively painlessly, and then they have a month or more free of drug cravings in which to seek therapy, join a support group and do whatever it takes to stay clean.



PHOTO ILLUSTRATION BY DON BUTTON

been several documented deaths in connection with the drug. But, because the ibogaine was not taken in a clinical setting, the cause of death was never firmly established. Some fatalities may have been caused by pre-existing heart conditions made lethal by ibogaine's effects. Mash is confident that there are more that have gone unreported. "There are some pretty unethical people" giving clandestine treatments, she said. "They just leave patients for dead in hotel rooms."

"That's why ibogaine needs to be legal and available in safe settings," Hencken said. "It needs to be in the hands of someone who can judge your health, your dosage and provide a safe environment."

The Ibogaine Association requires clients to submit a medical history as well as undergo testing before treatment can begin. A doctor administers the drug. Still, the procedure seems remarkably casual.



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From San Diego, Craig was brought to the association's treatment facility, a rented house on a well-kept residential street near Tijuana. Only the dining room, which has been converted into a medication-equipped office, and the oxygen tanks under the stairs indicate that it is a medical establishment, of sorts.

The doctor treating Craig was Francisco Canez, a calm, round-faced man who splits his time between the association and a hospital emergency room. Craig sat with his arms crossed, looking more than a tad nervous as Canez reviewed his file and calculated his ibogaine dosage. From a small jar, he shook out three gelatin capsules filled with white powder and handed them to Craig.

Craig looked speculatively at the first pill, which he was to take to make sure he wouldn't have an allergic reaction. "Well, I've put all kinds of things in my body," he said, shrugging. Down the hatch. Half an hour later, having evinced no untoward initial responses, he swallowed the other two pills.

Canez then took him into a bedroom—where sheets of Styrofoam covered the windows and a CD softly played rainforest sounds—and attached him to a heart monitor next to the bed. The monitor's graph fluttered peacefully as the ibogaine gradually pulled Craig away. After a while, he just lay there silently, engulfed in a hallucinogenic hurricane.

After several hours, the visions gradually started to subside. Craig sat up, nauseated and dizzy. "That was a wild ride," he muttered. Although he hadn't had a painkiller in several days, he found he didn't crave one.

He lay down again and dropped back into his head for another hour. Finally, he revived enough to be moved to another house, where he was to spend the next day recovering. He tottered out to the van with small, jittery steps.

Ibogaine's addiction-fighting potential was discovered only recently—and accidentally. It was sold as a stimulant in France during the middle decades of the last century, and an American psychologist and a psychiatrist dabbled with it in the 1950s and 1960s. It was so obscure it couldn't even be considered a curiosity.

But in 1962, Howard Lotsof, a 19-year-old New York student with a heroin habit and an appetite for other pharmacological kicks, scored some powder that he was told would give him a 36-hour trip. Lotsof and some of his junkie pals experimented with it and, to their astonishment, found that it knocked out their heroin cravings.

Mightily impressed, Lotsof tried to drum up street interest—and a little cash for himself in the process. It never caught on in a big way, but it did find a place in counterculture lore—and got banned by the federal government in 1970. It was memorably cited by journalist and psychedelic connoisseur Hunter S. Thompson, who speculated that "a bad ibogaine frenzy" was the likely explanation for Democrat Ed Muskie's oddly emotional behavior in the 1972 presidential campaign.

Ibogaine's legend grew as a constant trickle of adventurous addicts tried it. In the mid-1980s, Lotsof managed to patent ibogaine as an anti-addiction palliative, and he set up a company to try to bring it to market. An early series of treatments in the Netherlands looked promising, although there were a couple of ibogaine-related deaths elsewhere in Europe.

Undeterred, Lotsof continued his crusade. In the early 1990s, he and other activists persuaded a federal agency to cough up several million dollars for ibogaine research. He recruited Mash, and the two began working together. (They since have parted ways.) By 1993, Mash had won Food and Drug Administration (FDA) approval to begin testing ibogaine on human subjects. But then one of Lotsof's informal patients in the Netherlands died. In 1995, the National Institute on Drug Abuse decided not to proceed to clinical studies. "Committee members were not all that impressed with its efficacy, but the safety issue stopped them in their tracks," said Frank Vocci, a federal researcher who has followed ibogaine's progress. "What you have are a lot of interesting, colorful anecdotes. But the plural of anecdotes is not scientific data."

A number of researchers around the country, however, have become sufficiently intrigued to continue experimenting with animals. Dozens of articles have appeared in scientific journals, most of them reporting promising results that buttress the anecdotal evidence.

Mash is doing her own part to advance the cause. In 1996, she helped to launch an ibogaine clinic on the Caribbean island of St. Kitts. During the next five years, she gathered data on more than 300 patients who sought treatment there—the largest body of serious clinical research on ibogaine ever collected.

Mash presented her findings at a medical conference last fall in San Francisco. Granted, her sample wasn't representative of America's drug users: Most were white men between 20 and 40 years old, the sort of addicts who can afford to spend several weeks and several thousand dollars detoxing in the Caribbean. Still, she declared that her research proves that ibogaine can be administered safely and does help break addictions. "We saw people with big methadone habits lose their cravings after just a single dose of ibogaine," she said. "One month later, both cocaine and opiate addicts reported cravings were significantly lower. And at one year, drug use was significantly down among testees."

At this point, perhaps the major obstacle to ibogaine's mainstream acceptance is its scrofulous image. This isn't a medicine developed by white-coated scientists; its anti-addictive properties were discovered by a junkie, and some of its promoters are folks more likely to interest the attorney general than the surgeon general.

One of ibogaine's most energetic boosters is Marc Emery, founder of a clinic in Vancouver, Canada. Emery is a verbose, middle-aged man with bushy hair and corporate-casual clothes. You'd never guess that he heads the British Columbia Marijuana Party and is, by his reckoning, one of the world's largest sellers of pot seeds. It has been his personal mission to bring ibogaine to the masses since the drug helped his adopted son kick methadone and heroin. Until this spring, Emery offered free treatment in the Iboga Therapy House, a clinic that consists of a plush one-bedroom apartment in a Vancouver high-rise. With his cash flow crimped by business and legal troubles (he just spent two months in a Saskatchewan jail for passing a joint at a pro-pot gathering), he has stopped funding the clinic, putting its program on hold, but he remains supportive. "It was a very worthwhile investment," he said. "The improvements I saw in our patients were significant and astonishing."

Still, Emery's enthusiasm is unlikely to change the minds of skeptics such as Dr. Herbert Kleber, head of the substance-abuse division at Columbia University's school of medicine. "I'm in favor of anything that works, but there needs to be proof that it does and that it doesn't endanger patients," he said. "I've been in this field 35 years, and I've seen a lot of magic bullets. They often turn out to be worse than the disease."

Getting that kind of proof requires controlled experiments on human subjects, which is what Mash is working toward. She has isolated a molecule called noribogaine, which is produced in the body as it metabolizes ibogaine and which she believes is the key agent that blocks drug cravings. She is trying to get FDA approval to start human testing. On a parallel track, Dr. Glick has synthesized a chemical cousin of ibogaine dubbed 18-MC, which he also hopes to market.

Both Mash and Glick think their ibogaine derivatives will give users the drug-blocking effect without the hallucinations—something both believe is necessary if the FDA is to approve their products.

But would eliminating ibogaine's psychedelic side diminish its effectiveness? No one knows. "For me, the ideal would be for people to take ibogaine in a controlled environment and use the experience as part of their psychotherapy," Mash said. "Then, slap a noribogaine patch on them."

Mash and Glick also face a more prosaic obstacle: money. Funding comprehensive clinical trials for a new drug is colossally expensive, and so far, neither has found anyone willing to pony up the full cost. In October, a Los Angeles philanthropist pledged to give Mash \$250,000 to restart research at the University of Miami, but that's only a tiny fraction of what eventually will be necessary if ibogaine is ever to be brought to market.

"The pharmaceutical industry has never wanted much to do with addiction medicine," Glick said. "It's not very profitable, and it's bad public relations."

Although there are millions of people addicted to various substances in the United States, many of them don't want—or can't afford—treatment. Worse, from a bottom-line standpoint, an ibogaine-based treatment drug would be used only once—a feeble investment for companies accustomed to cash-cow refillable prescriptions.

And that leaves people like Shawn knocking on the doors of unregulated ibogaine clinics in a desperate search for something that will help defeat their addictions.

"All these clinics popping up all over the world—it's become almost a cult-like phenomenon," Glick said. "All the hype and politics around ibogaine just make my job harder. It means the scientific establishment and regulatory agencies take a dim view."

But the ranks of the believers keep growing. Six months after his ibogaine treatment, Craig says he's staying clean and feeling great.

Shawn had another brief relapse following his second ibogaine experiment, but he says he has been clean for a full year now. He's back living with his father, going to school and trying to get licensed as a real-estate agent. Despite his post-trip slips, he still credits ibogaine with helping him stay straight.

"What I really learned from ibogaine is that I have a choice," he said. "If you take advantage of that window it gives you, you can get clean. It has so much potential to help so many people. I just wish people would look past the psychedelic part and look at the value of it."



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